

Youth Individual Request for Age Variance Application**Please Print or Type:****Name of youth:** _____ **Date:** _____**Address:** _____ **City:** _____ **State:** _____**Zip:** _____ **Home phone:** () _____ **Work phone:** () _____**Sport or program requesting for age variance:** _____**Name of parent or legal guardian making request:** _____**Date of birth:** ____/____/____ **Age at the time of request for league:** _____**Reason for request of age variance:**

I certify that my minor child is physically & emotionally fit to participate in the program mentioned above, and that I have knowledge, understanding, and appreciation of the risks associated with this activity in his/her moving to an older division of the league, program or activity that I choose for him/her to participate, and do allow my child to participate in this older division, league, program or activity.

I understand that I must consider and carefully choose the proper sports environment for my child, including the appropriate age, development for the participant, the type of sport, activity or program, the rules and regulations of the sport, activity or program, the age range of the other participants, and the appropriate level of physical and emotional stress that might be put upon my child by choosing to place him/her in an older age group.

I also agree and understand that I will not hold the City of Mesquite, or any of its employee or agents, liable for any injury to my person or my minor child(s) or damage to or loss of my property while my person or my minor child(s) is on City of Mesquite's property or participating in a City of Mesquite event or activity which was not the result of negligence by the City of Mesquite or its employees or agents.

I understand and acknowledge that the maximum amount of any recovery for a claim against the City of Mesquite, or any of its employees or agents, in the event of the proven negligence of the City of Mesquite, or any of its employees or agents, which causes injury to my person or damage to or loss of my property is limited pursuant to NRS 41.035 by law.

I agree that the City of Mesquite, its employees, agents and officials may act in an emergency to secure the necessary medical attention if efforts to contact myself or other emergency persons fail, and I agree to pay any and all costs incurred as a result of emergency treatment.

Print Name: _____**Signature:** _____ **Date:** _____**(Parent or Legal Guardian)**